

MEG O'LEARY
DIRECTOR



STEVE BULLOCK
GOVERNOR

Yellowstone County Commissioners
RECEIVED

SEP - 1 2016

August 29, 2016

Lucy Brown, Executive Director
Housing Authority of Billings
2415 1st Avenue N
Billings, MT 59101

C. Jen & Theresa

RE: Spring Garden Apartments HOME Investment Partnerships Program Period of Affordability Monitoring Follow-Up

Dear Ms. Brown,

I would like to thank you for your and Amber's time and accommodation while I completed the required on-site visit of the Spring Garden Apartments in Billings on August 23, 2016. The HOME Program conducts on-site visits in order to monitor the condition of facilities that have received HOME funding. A copy of the on-site checklist and tenant file review document are enclosed with this letter.

No issues or concerns were found during the review of the tenant files and inspections of HOME-assisted units. The building and units are in very good shape and the property is well maintained. The tenant files are well organized and easy to navigate. I would like to thank you and Amber for taking the time to meet with me and show me Spring Garden Apartments.

Thank you for all of your continued work providing affordable housing in Montana.

Sincerely,

Stephanie M Crider
CDBG and HOME Program Specialist
Community Development Division
Montana Department of Commerce

Cc: William Kennedy, Yellowstone County

Enclosures

<http://comdev.mt.gov>

commerce@mt.gov

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EXHIBIT 10-D

HOME PROGRAM ONSITE INSPECTION FORM											
HOME Staff Completing Form:			Stephanie Crider					Date:		8/23/2016	
Project Name:		Spring Gardens Apartments			Project Grantee:						
Project Address:		3222 Henesta Drive, Billings, MT 59101									
1. Has there been a change of ownership? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No											
If Yes, who is the current owner?											
2. Is the project in a designated 100-year floodplain? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No											
If yes, is the property insured through the National Flood Insurance Program? <input type="checkbox"/> Yes <input type="checkbox"/> No											
3. Total number of units in project:			16			4. Number of HOME units in project:			8		
5. What is the rent standard? HOME											
TENANT INFORMATION											
Unit Number or Address	Date of Last Income Cert	Date of Last HQS Inspection	Number of		Annual Gross Income*	Monthly Adjusted Income**	Tenant Rent	Subsidy	Utility Allowance	Total Rent	
			Bedrooms	Household Members			A	B	C	=	D
#2	6/1/16	2/10/16	2	1	\$ 8,796	\$ 733	135	135	88	\$	358
Source Documentation:			SSI Benefits								
#4	5/27/16	5/27/16	3	4	\$ 20,074	\$ 1,672	153	397	113	\$	663
Source Documentation:			SSI Benefits, CHIMES Statement								
#6	2/1/16	2/10/16	3	1	\$ 19,827	\$ 1,652	500		86	\$	586
Source Documentation:			Employment verification and asset documentation								
#8	4/20/16	4/20/16	3	4	\$ 14,963	\$ 1,246	550		115	\$	665
Source Documentation:			Earnings statements and pay stubs								
6. Do tenant files contain income certifications for the previous 12 months? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Are the income certifications correct and complete? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No						COMMENTS					
						Source documentation is collected annually.					
7. Was tenant income re-examined within last 6 yrs using source documentation? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No						Source documentation is collected annually and examined annually.					
8. For projects requiring a lease:						Prohibited Lease Terms:					
						1) Tenant agrees to be sued					

<p>a. Provides for 30-day notice of termination? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>b. Contains prohibited terms? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>		<p>2) Owner cannot seize or sell tenant's personal property without notice or a court decision unless tenant vacates property</p> <p>3) Excusing owner from responsibility for any action or failure to act whether intentional or negligent</p> <p>4) Agreement of tenant that owner may institute a lawsuit without notice to tenant</p> <p>5) Agreement of tenant that owner may evict tenant without instituting a civil court proceeding</p> <p>6) Agreement by tenant to waive any right to a trial by jury</p> <p>7) Agreement by tenant to waive his/her right to appeal a court decision</p> <p>8) Tenant chargeable with cost of legal fees regardless of outcome</p>
TENANT SELECTION/MARKETING		
<p>9. Maintains and follows an approved tenant selection policy? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>		<p>COMMENTS</p> <p>Same for both projects. It's in the application.</p>
<p>10. Fair Housing Poster is displayed in a public area? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>		<p>They are at the PHA and in Amber's office. No common areas at either of the project sites. Amber stated she would post the Fair Housing Poster in the laundry rooms at Spring Gardens.</p>
<p>11. For projects with 5+ HOME units:</p> <p>a. Does the project have an approved Affirmative Fair Housing Marketing (AFHM) Plan? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>b. Is there documentation showing that the organizations in the AFHM Plan are contacted yearly? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>c. Is race/ethnicity data collected and maintained for all applicants to this project? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>d. Do all public advertisements contain the Equal Housing Opportunity logo? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>		<p>Yes - Amber keeps a folder with all of the information.</p>

Inspection Checklist

Housing Choice Voucher Program

**U.S. Department of Housing
and Urban Development**
Office of Public and Indian Housing

OMB Approval No. 2577-0169
(Exp. 9/30/2012)

Public reporting burden for this collection of information is estimated to average 0.50 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless that collection displays a valid OMB control number. Assurances of confidentiality are not provided under this collection.

This collection of information is authorized under Section 8 of the U.S. Housing Act of 1937 (42 U.S.C. 1437f). The information is used to determine if a unit meets the housing quality standards of the section 8 rental assistance program.

Name of Family Unit 1		Tenant ID Number	Date of Request (mm/dd/yyyy) 08/16/2016
Inspector Stephanie Crider		Neighborhood/Census Tract	Date of Inspection (mm/dd/yyyy) 08/23/2016
Type of Inspection <input type="checkbox"/> Initial <input type="checkbox"/> Special <input checked="" type="checkbox"/> Reinspection		Date of Last Inspection (mm/dd/yyyy) 02/10/2016	PHA Billings PHA

Inspected Unit	Unit 1	Year Constructed (yyyy)	1996
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Full Address (including Street, City, County, State, Zip)

3222 Henesta Drive
Billings, MT 59101

Number of Children in Family Under 6

Owner

Name of Owner or Agent Authorized to Lease Unit Inspected

Housing Authority of Billings

Address of Owner or Agent

Housing Authority of Billings, 2415 1st Avenue North, Billings, MT 59101

Housing Type (check as appropriate)

- ☐ Single Family Detached
☐ Duplex or Two Family
☐ Row House or Town House
☒ Low Rise: 3, 4 Stories, Including Garden Apartment
☐ High Rise; 5 or More Stories
☐ Manufactured Home
☐ Congregate
☐ Cooperative
☐ Independent Group Residence
☐ Single Room Occupancy
☐ Shared Housing
☐ Other

B. Summary Decision On Unit (To be completed after form has been filled out)

<input checked="" type="checkbox"/> Pass	Number of Bedrooms for Purposes of the FMR or Payment Standard	Number of Sleeping Rooms	
<input type="checkbox"/> Fail			
<input type="checkbox"/> Inconclusive	3	3	

Inspection Checklist

Item No.	1. Living Room	Yes Pass	No Fail	In-Conc.	Comment	Final Approval Date (mm/dd/yyyy)
1.1	Living Room Present	✓				
1.2	Electricity	✓				
1.3	Electrical Hazards	✓				
1.4	Security	✓				
1.5	Window Condition	✓				
1.6	Ceiling Condition	✓				
1.7	Wall Condition	✓				
1.8	Floor Condition	✓				

* Room Codes: 1 = Bedroom or Any Other Room Used for Sleeping (regardless of type of room); 2 = Dining Room or Dining Area; 3 = Second Living Room, Family Room, Den, Playroom, TV Room; 4 = Entrance Halls, Corridors, Halls, Staircases; 5 = Additional Bathroom; 6 = Other

Previous editions are obsolete

Page 1 of 7

form HUD-52580 (3/2001)

ref Handbook 7420.8

**HOME Investment Partnerships Program
Montana Department of Commerce**

HOME Administration Manual
April 2012

EXHIBIT 10-C

Item No.		Yes Pass	No Fail	In-Conc.	Comment	Final Approval Date (mm/dd/yyyy)
1. Living Room (Continued)						
1.9	Lead-Based Paint Are all painted surfaces free of deteriorated paint? If not, do deteriorated surfaces exceed two square feet per room and/or is more than 10% of a component?				<input checked="" type="checkbox"/> Not Applicable Constructed after 1979	
2. Kitchen						
2.1	Kitchen Area Present	✓				
2.2	Electricity	✓				
2.3	Electrical Hazards	✓				
2.4	Security	✓				
2.5	Window Condition	✓				
2.6	Ceiling Condition	✓				
2.7	Wall Condition	✓				
2.8	Floor Condition	✓				
2.9	Lead-Based Paint Are all painted surfaces free of deteriorated paint? If not, do deteriorated surfaces exceed two square feet per room and/or is more than 10% of a component?				<input checked="" type="checkbox"/> Not Applicable	
2.10	Stove or Range with Oven	✓				
2.11	Refrigerator	✓				
2.12	Sink	✓				
2.13	Space for Storage, Preparation, and Serving of Food	✓				
3. Bathroom						
3.1	Bathroom Present	✓				
3.2	Electricity	✓				
3.3	Electrical Hazards	✓				
3.4	Security	✓				
3.5	Window Condition	✓				
3.6	Ceiling Condition	✓				
3.7	Wall Condition	✓				
3.8	Floor Condition	✓				
3.9	Lead-Based Paint Are all painted surfaces free of deteriorated paint? If not, do deteriorated surfaces exceed two square feet per room and/or is more than 10% of a component?				<input checked="" type="checkbox"/> Not Applicable	
3.10	Flush Toilet in Enclosed Room in Unit	✓				
3.11	Fixed Wash Basin or Lavatory in Unit	✓				
3.12	Tub or Shower in Unit	✓				
3.13	Ventilation	✓				

EXHIBIT 10-C

Item No.	4. Other Rooms Used For Living and Halls	Yes Pass	No Fail	In-Conc.	Comment	Final Approval Date (mm/dd/yyyy)
4.1	Room Code* and Room Location 1 Left (Circle One) Right/Center/Left Center (Circle One) Front/Center/Rear _____ Floor Level					
4.2	Electricity/Illumination	✓				
4.3	Electrical Hazards	✓				
4.4	Security	✓				
4.5	Window Condition	✓				
4.6	Ceiling Condition	✓				
4.7	Wall Condition	✓				
4.8	Floor Condition	✓				
4.9	Lead-Based Paint Are all painted surfaces free of deteriorated paint? If not, do deteriorated surfaces exceed two square feet per room and/or is more than 10% of a component?				<input checked="" type="checkbox"/> Not Applicable	
4.10	Smoke Detectors	✓				
4.1	Room Code* and Room Location 1 Left (Circle One) Right/Center/Left Rear (Circle One) Front/Center/Rear _____ Floor Level					
4.2	Electricity/Illumination	✓				
4.3	Electrical Hazards	✓				
4.4	Security	✓				
4.5	Window Condition	✓				
4.6	Ceiling Condition	✓				
4.7	Wall Condition	✓				
4.8	Floor Condition	✓				
4.9	Lead-Based Paint Are all painted surfaces free of deteriorated paint? If not, do deteriorated surfaces exceed two square feet per room and/or is more than 10% of a component?				<input checked="" type="checkbox"/> Not Applicable	
4.10	Smoke Detectors	✓				
4.1	Room Code* and Room Location 1 Rear (Circle One) Right/Center/Left Rear (Circle One) Front/Center/Rear _____ Floor Level					
4.2	Electricity/Illumination	✓				
4.3	Electrical Hazards	✓				
4.4	Security	✓				
4.5	Window Condition	✓				
4.6	Ceiling Condition	✓				
4.7	Wall Condition	✓				
4.8	Floor Condition	✓				
4.9	Lead-Based Paint Are all painted surfaces free of deteriorated paint? If not, do deteriorated surfaces exceed two square feet per room and/or is more than 10% of a component?				<input checked="" type="checkbox"/> Not Applicable	
4.10	Smoke Detectors	✓				

EXHIBIT 10-C

Item No.	4. Other Rooms Used For Living and Halls	Yes Pass	No Fail	In-Conc.	Comment	Final Approval Date (mm/dd/yyyy)
4.1	Room Code* and Room Location <input type="checkbox"/>	(Circle One) Right/Center/Left			(Circle One) Front/Center/Rear ____ Floor Level	
4.2	Electricity/Illumination					
4.3	Electrical Hazards					
4.4	Security					
4.5	Window Condition					
4.6	Ceiling Condition					
4.7	Wall Condition					
4.8	Floor Condition					
4.9	Lead-Based Paint				<input type="checkbox"/> Not Applicable	
	Are all painted surfaces free of deteriorated paint?					
	If not, do deteriorated surfaces exceed two square feet per room and/or is more than 10% of a component?					
4.10	Smoke Detectors					
4.1	Room Code* and Room Location <input type="checkbox"/>	(Circle One) Right/Center/Left			(Circle One) Front/Center/Rear ____ Floor Level	
4.2	Electricity/Illumination					
4.3	Electrical Hazards					
4.4	Security					
4.5	Window Condition					
4.6	Ceiling Condition					
4.7	Wall Condition					
4.8	Floor Condition					
4.9	Lead-Based Paint				<input type="checkbox"/> Not Applicable	
	Are all painted surfaces free of deteriorated paint?					
	If not, do deteriorated surfaces exceed two square feet per room and/or is more than 10% of a component?					
4.10	Smoke Detectors					
5. All Secondary Rooms (Rooms not used for living)						
5.1	None Go to Part 6					
5.2	Security					
5.3	Electrical Hazards					
5.4	Other Potentially Hazardous Features in these Rooms					

Item No.	6. Building Exterior	Yes Pass	No Fail	In-Conc.	Comment	Final Approval Date (mm/dd/yyyy)
6.1	Condition of Foundation					
6.2	Condition of Stairs, Rails, and Porches					
6.3	Condition of Roof/Gutters					
6.4	Condition of Exterior Surfaces					
6.5	Condition of Chimney					
6.6	Lead Paint: Exterior Surfaces Are all painted surfaces free of deteriorated paint? If not, do deteriorated surfaces exceed 20 square feet of total exterior surface area?				<input type="checkbox"/> Not Applicable	
6.7	Manufactured Home: Tie Downs					
7. Heating and Plumbing						
7.1	Adequacy of Heating Equipment					
7.2	Safety of Heating Equipment					
7.3	Ventilation/Cooling					
7.4	Water Heater					
7.5	Approvable Water Supply					
7.6	Plumbing					
7.7	Sewer Connection					
8. General Health and Safety						
8.1	Access to Unit					
8.2	Fire Exits					
8.3	Evidence of Infestation					
8.4	Garbage and Debris					
8.5	Refuse Disposal					
8.6	Interior Stairs and Common Halls					
8.7	Other Interior Hazards					
8.8	Elevators					
8.9	Interior Air Quality					
8.10	Site and Neighborhood Conditions					
8.11	Lead-Based Paint: Owner's Certification				<input type="checkbox"/> Not Applicable	

If the owner is required to correct any lead-based paint hazards at the property including deteriorated paint or other hazards identified by a visual assessor, a certified lead-based paint risk assessor, or certified lead-based paint inspector, the PHA must obtain certification that the work has been done in accordance with all applicable requirements of 24 CFR Part 35. The Lead-Based Paint Owner Certification must be received by the PHA before the execution of the HAP contract or within the time period stated by the PHA in the owner HQS violation notice. Receipt of the completed and signed Lead-Based Paint Owner Certification signifies that all HQS lead-based paint requirements have been met and no re-inspection by the HQS inspector is required.

C. Special Amenities (Optional)

This Section is for optional use of the HA. It is designed to collect additional information about other positive features of the unit that may be present. Although the features listed below are not included in the Housing Quality Standards, the tenant and HA may wish to take them into consideration in decisions about renting the unit and the reasonableness of the rent. Check/list any positive features found in relation to the unit.

1. Living Room

- ☐ High quality floors or wall coverings
- ☐ Working fireplace or stove
- ☐ Balcony, patio, deck, porch
- ☐ Special windows or doors
- ☐ Exceptional size relative to needs of family
- ☐ Other: (Specify)

2. Kitchen

- ☐ Dishwasher
- ☐ Separate freezer
- ☐ Garbage disposal
- ☐ Eating counter/breakfast nook
- ☐ Pantry or abundant shelving or cabinets
- ☐ Double oven/self cleaning oven, microwave
- ☐ Double sink
- ☐ High quality cabinets
- ☐ Abundant counter-top space
- ☐ Modern appliance(s)
- ☐ Exceptional size relative to needs of family
- ☐ Other: (Specify)

3. Other Rooms Used for Living

- ☐ High quality floors or wall coverings
- ☐ Working fireplace or stove
- ☐ Balcony, patio, deck, porch
- ☐ Special windows or doors
- ☐ Exceptional size relative to needs of family
- ☐ Other: (Specify)

4. Bath

- ☐ Special feature shower head
- ☐ Built-in heat lamp
- ☐ Large mirrors
- ☐ Glass door on shower/tub
- ☐ Separate dressing room
- ☐ Double sink or special lavatory
- ☐ Exceptional size relative to needs of family
- ☐ Other: (Specify)

5. Overall Characteristics

- ☐ Storm windows and doors
- ☐ Other forms of weatherization (e.g., insulation, weather stripping)
- ☐ Screen doors or windows
- ☐ Good upkeep of grounds (i.e., site cleanliness, landscaping, condition of lawn)
- ☐ Garage or parking facilities
- ☐ Driveway
- ☐ Large yard
- ☐ Good maintenance of building exterior
- ☐ Other: (Specify)

6. Disabled Accessibility

Unit is accessible to a particular disability. ☐ Yes ☐ No
Disability _____

D. Questions to ask the Tenant (Optional)

- 1. Does the owner make repairs when asked? Yes ☐ No ☐
- 2. How many people live there? _____
- 3. How much money do you pay to the owner/agent for rent? \$ _____
- 4. Do you pay for anything else? (specify) _____
- 5. Who owns the range and refrigerator? (insert O = Owner or T = Tenant) Range _____ Refrigerator _____ Microwave _____
- 6. Is there anything else you want to tell us? (specify) Yes ☐ No ☐

EXHIBIT 10-C

E. Inspection Summary/Comments (Optional)

Provide a summary description of each item which resulted in a rating of "Fail" or "Pass with Comments."

Tenant ID Number	Inspector	Date of Inspection (mm/dd/yyyy)	Address of Inspected Unit
Unit 1	Stephanie Crider	08/23/2016	3222 Henesta Drive Billings, MT 59101
Type of Inspection	Initial <input type="checkbox"/>	Special <input type="checkbox"/>	Reinspection <input checked="" type="checkbox"/>
Item Number	Reason for "Fail" or "Pass with Comments" Rating		

Continued on additional page ☐ Yes ☐ No

Previous editions are obsolete

Inspection Checklist
Housing Choice Voucher Program

EXHIBIT 10-C
U.S. Department of Housing
and Urban Development
Office of Public and Indian Housing

OMB Approval No. 2577-0169
(Exp. 9/30/2012)

Public reporting burden for this collection of information is estimated to average 0.50 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless that collection displays a valid OMB control number. Assurances of confidentiality are not provided under this collection.
This collection of information is authorized under Section 8 of the U.S. Housing Act of 1937 (42 U.S.C. 1437f). The information is used to determine if a unit meets the housing quality standards of the section 8 rental assistance program.

Name of Family: Unit 8
Tenant ID Number
Date of Request (mm/dd/yyyy): 08/16/2016
Inspector: Stephanie Crider
Neighborhood/Census Tract
Date of Inspection (mm/dd/yyyy): 08/23/2016
Type of Inspection: [] Initial [] Special [x] Reinspection
Date of Last Inspection (mm/dd/yyyy): 02/10/2016
PHA: Billings PHA
A. General Information
Inspected Unit: Unit 8 Year Constructed (yyyy): 1996
Full Address (including Street, City, County, State, Zip): 3222 Henesta Drive, Billings, MT 59101
Number of Children in Family Under 6
Owner:
Name of Owner or Agent Authorized to Lease Unit Inspected: Housing Authority of Billings
Phone Number: 406-245-6391
Address of Owner or Agent: Housing Authority of Billings, 2415 1st Avenue North, Billings, MT 59101
Housing Type (check as appropriate): [] Single Family Detached [] Duplex or Two Family [] Row House or Town House [x] Low Rise: 3, 4 Stories, Including Garden Apartment [] High Rise: 5 or More Stories [] Manufactured Home [] Congregate [] Cooperative [] Independent Group Residence [] Single Room Occupancy [] Shared Housing [] Other

B. Summary Decision On Unit (To be completed after form has been filled out)
[x] Pass [] Fail [] Inconclusive
Number of Bedrooms for Purposes of the FMR or Payment Standard: 3
Number of Sleeping Rooms: 3

Inspection Checklist

Item No.	1. Living Room	Yes Pass	No Fail	In-Conc.	Comment	Final Approval Date (mm/dd/yyyy)
1.1	Living Room Present	✓				
1.2	Electricity	✓				
1.3	Electrical Hazards	✓				
1.4	Security	✓				
1.5	Window Condition	✓				
1.6	Ceiling Condition	✓				
1.7	Wall Condition	✓				
1.8	Floor Condition	✓				

EXHIBIT 10-C

Item No.		Yes Pass	No Fail	In-Conc.	Comment	Final Approval Date (mm/dd/yyyy)
1. Living Room (Continued)						
1.9	Lead-Based Paint Are all painted surfaces free of deteriorated paint? If not, do deteriorated surfaces exceed two square feet per room and/or is more than 10% of a component?				<input checked="" type="checkbox"/> Not Applicable Constructed after 1979	
2. Kitchen						
2.1	Kitchen Area Present	✓				
2.2	Electricity	✓				
2.3	Electrical Hazards	✓				
2.4	Security	✓				
2.5	Window Condition	✓				
2.6	Ceiling Condition	✓				
2.7	Wall Condition	✓				
2.8	Floor Condition	✓				
2.9	Lead-Based Paint Are all painted surfaces free of deteriorated paint? If not, do deteriorated surfaces exceed two square feet per room and/or is more than 10% of a component?				<input checked="" type="checkbox"/> Not Applicable	
2.10	Stove or Range with Oven	✓				
2.11	Refrigerator	✓				
2.12	Sink	✓				
2.13	Space for Storage, Preparation, and Serving of Food	✓				
3. Bathroom						
3.1	Bathroom Present	✓				
3.2	Electricity	✓				
3.3	Electrical Hazards	✓				
3.4	Security	✓				
3.5	Window Condition	✓				
3.6	Ceiling Condition	✓				
3.7	Wall Condition	✓				
3.8	Floor Condition	✓				
3.9	Lead-Based Paint Are all painted surfaces free of deteriorated paint? If not, do deteriorated surfaces exceed two square feet per room and/or is more than 10% of a component?				<input checked="" type="checkbox"/> Not Applicable	
3.10	Flush Toilet in Enclosed Room in Unit	✓				
3.11	Fixed Wash Basin or Lavatory in Unit	✓				
3.12	Tub or Shower in Unit	✓				
3.13	Ventilation	✓				

EXHIBIT 10-C

Item No.	4. Other Rooms Used For Living and Halls		Yes Pass	No Fail	In-Conc.	Comment		Final Approval Date (mm/dd/yyyy)
4.1	Room Code* and Room Location	<div>1</div> Left	(Circle One) Right/Center/Left			Center	(Circle One) Front/Center/Rear	____Floor Level
4.2	Electricity/Illumination		<input checked="" type="checkbox"/>					
4.3	Electrical Hazards		<input checked="" type="checkbox"/>					
4.4	Security		<input checked="" type="checkbox"/>					
4.5	Window Condition		<input checked="" type="checkbox"/>					
4.6	Ceiling Condition		<input checked="" type="checkbox"/>					
4.7	Wall Condition		<input checked="" type="checkbox"/>					
4.8	Floor Condition		<input checked="" type="checkbox"/>					
4.9	Lead-Based Paint					<input checked="" type="checkbox"/> Not Applicable		
	Are all painted surfaces free of deteriorated paint?							
	If not, do deteriorated surfaces exceed two square feet per room and/or is more than 10% of a component?							
4.10	Smoke Detectors		<input checked="" type="checkbox"/>					
4.1	Room Code* and Room Location	<div>1</div> Left	(Circle One) Right/Center/Left			Rear	(Circle One) Front/Center/Rear	____Floor Level
4.2	Electricity/Illumination		<input checked="" type="checkbox"/>					
4.3	Electrical Hazards		<input checked="" type="checkbox"/>					
4.4	Security		<input checked="" type="checkbox"/>					
4.5	Window Condition		<input checked="" type="checkbox"/>					
4.6	Ceiling Condition		<input checked="" type="checkbox"/>					
4.7	Wall Condition		<input checked="" type="checkbox"/>					
4.8	Floor Condition		<input checked="" type="checkbox"/>					
4.9	Lead-Based Paint					<input checked="" type="checkbox"/> Not Applicable		
	Are all painted surfaces free of deteriorated paint?							
	If not, do deteriorated surfaces exceed two square feet per room and/or is more than 10% of a component?							
4.10	Smoke Detectors		<input checked="" type="checkbox"/>					
4.1	Room Code* and Room Location	<div>1</div> Rear	(Circle One) Right/Center/Left			Rear	(Circle One) Front/Center/Rear	____Floor Level
4.2	Electricity/Illumination		<input checked="" type="checkbox"/>					
4.3	Electrical Hazards		<input checked="" type="checkbox"/>					
4.4	Security		<input checked="" type="checkbox"/>					
4.5	Window Condition		<input checked="" type="checkbox"/>					
4.6	Ceiling Condition		<input checked="" type="checkbox"/>					
4.7	Wall Condition		<input checked="" type="checkbox"/>					
4.8	Floor Condition		<input checked="" type="checkbox"/>					
4.9	Lead-Based Paint					<input checked="" type="checkbox"/> Not Applicable		
	Are all painted surfaces free of deteriorated paint?							
	If not, do deteriorated surfaces exceed two square feet per room and/or is more than 10% of a component?							
4.10	Smoke Detectors		<input checked="" type="checkbox"/>					

EXHIBIT 10-C

Item No.	4. Other Rooms Used For Living and Halls	Yes Pass	No Fail	In-Conc.	Comment	Final Approval Date (mm/dd/yyyy)
4.1	Room Code* and Room Location <input type="checkbox"/>	(Circle One) Right/Center/Left			(Circle One) Front/Center/Rear ____ Floor Level	
4.2	Electricity/Illumination					
4.3	Electrical Hazards					
4.4	Security					
4.5	Window Condition					
4.6	Ceiling Condition					
4.7	Wall Condition					
4.8	Floor Condition					
4.9	Lead-Based Paint				<input type="checkbox"/> Not Applicable	
	Are all painted surfaces free of deteriorated paint?					
	If not, do deteriorated surfaces exceed two square feet per room and/or is more than 10% of a component?					
4.10	Smoke Detectors					
4.1	Room Code* and Room Location <input type="checkbox"/>	(Circle One) Right/Center/Left			(Circle One) Front/Center/Rear ____ Floor Level	
4.2	Electricity/Illumination					
4.3	Electrical Hazards					
4.4	Security					
4.5	Window Condition					
4.6	Ceiling Condition					
4.7	Wall Condition					
4.8	Floor Condition					
4.9	Lead-Based Paint				<input type="checkbox"/> Not Applicable	
	Are all painted surfaces free of deteriorated paint?					
	If not, do deteriorated surfaces exceed two square feet per room and/or is more than 10% of a component?					
4.10	Smoke Detectors					
5. All Secondary Rooms (Rooms not used for living)						
5.1	None Go to Part 6					
5.2	Security					
5.3	Electrical Hazards					
5.4	Other Potentially Hazardous Features in these Rooms					

Item No.	6. Building Exterior	Yes Pass	No Fail	In-Conc.	Comment	Final Approval Date (mm/dd/yyyy)
6.1	Condition of Foundation					
6.2	Condition of Stairs, Rails, and Porches					
6.3	Condition of Roof/Gutters					
6.4	Condition of Exterior Surfaces					
6.5	Condition of Chimney					
6.6	Lead Paint: Exterior Surfaces Are all painted surfaces free of deteriorated paint? If not, do deteriorated surfaces exceed 20 square feet of total exterior surface area?				<input type="checkbox"/> Not Applicable	
6.7	Manufactured Home: Tie Downs					
7. Heating and Plumbing						
7.1	Adequacy of Heating Equipment					
7.2	Safety of Heating Equipment					
7.3	Ventilation/Cooling					
7.4	Water Heater					
7.5	Approvable Water Supply					
7.6	Plumbing					
7.7	Sewer Connection					
8. General Health and Safety						
8.1	Access to Unit					
8.2	Fire Exits					
8.3	Evidence of Infestation					
8.4	Garbage and Debris					
8.5	Refuse Disposal					
8.6	Interior Stairs and Common Halls					
8.7	Other Interior Hazards					
8.8	Elevators					
8.9	Interior Air Quality					
8.10	Site and Neighborhood Conditions					
8.11	Lead-Based Paint: Owner's Certification				<input type="checkbox"/> Not Applicable	

If the owner is required to correct any lead-based paint hazards at the property including deteriorated paint or other hazards identified by a visual assessor, a certified lead-based paint risk assessor, or certified lead-based paint inspector, the PHA must obtain certification that the work has been done in accordance with all applicable requirements of 24 CFR Part 35. The Lead-Based Paint Owner Certification must be received by the PHA before the execution of the HAP contract or within the time period stated by the PHA in the owner HQS violation notice. Receipt of the completed and signed Lead-Based Paint Owner Certification signifies that all HQS lead-based paint requirements have been met and no re-inspection by the HQS inspector is required.

C. Special Amenities (Optional)

This Section is for optional use of the HA. It is designed to collect additional information about other positive features of the unit that may be present. Although the features listed below are not included in the Housing Quality Standards, the tenant and HA may wish to take them into consideration in decisions about renting the unit and the reasonableness of the rent. Check/list any positive features found in relation to the unit.

1. Living Room

- ☐ High quality floors or wall coverings
- ☐ Working fireplace or stove
- ☐ Balcony, patio, deck, porch
- ☐ Special windows or doors
- ☐ Exceptional size relative to needs of family
- ☐ Other: (Specify)

2. Kitchen

- ☐ Dishwasher
- ☐ Separate freezer
- ☐ Garbage disposal
- ☐ Eating counter/breakfast nook
- ☐ Pantry or abundant shelving or cabinets
- ☐ Double oven/self cleaning oven, microwave
- ☐ Double sink
- ☐ High quality cabinets
- ☐ Abundant counter-top space
- ☐ Modern appliance(s)
- ☐ Exceptional size relative to needs of family
- ☐ Other: (Specify)

3. Other Rooms Used for Living

- ☐ High quality floors or wall coverings
- ☐ Working fireplace or stove
- ☐ Balcony, patio, deck, porch
- ☐ Special windows or doors
- ☐ Exceptional size relative to needs of family
- ☐ Other: (Specify)

4. Bath

- ☐ Special feature shower head
- ☐ Built-in heat lamp
- ☐ Large mirrors
- ☐ Glass door on shower/tub
- ☐ Separate dressing room
- ☐ Double sink or special lavatory
- ☐ Exceptional size relative to needs of family
- ☐ Other: (Specify)

5. Overall Characteristics

- ☐ Storm windows and doors
- ☐ Other forms of weatherization (e.g., insulation, weather stripping)
- ☐ Screen doors or windows
- ☐ Good upkeep of grounds (i.e., site cleanliness, landscaping, condition of lawn)
- ☐ Garage or parking facilities
- ☐ Driveway
- ☐ Large yard
- ☐ Good maintenance of building exterior
- ☐ Other: (Specify)

6. Disabled Accessibility

Unit is accessible to a particular disability. ☐ Yes ☐ No
Disability _____

D. Questions to ask the Tenant (Optional)

- 1. Does the owner make repairs when asked? Yes ☐ No ☐
- 2. How many people live there? _____
- 3. How much money do you pay to the owner/agent for rent? \$ _____
- 4. Do you pay for anything else? (specify) _____
- 5. Who owns the range and refrigerator? (insert O = Owner or T = Tenant) Range _____ Refrigerator _____ Microwave _____
- 6. Is there anything else you want to tell us? (specify) Yes ☐ No ☐

EXHIBIT 10-C

E. Inspection Summary/Comments (Optional)

Provide a summary description of each item which resulted in a rating of "Fail" or "Pass with Comments."

Tenant ID Number	Inspector	Date of Inspection (mm/dd/yyyy)	Address of Inspected Unit
Unit 8	Stephanie Crider	08/23/2016	3222 Henesta Drive Billings, MT 59101
Type of Inspection	Initial <input type="checkbox"/>	Special <input type="checkbox"/>	Reinspection <input checked="" type="checkbox"/>
Item Number	Reason for "Fail" or "Pass with Comments" Rating		

Continued on additional page ☒ Yes ☐ No

Previous editions are obsolete

Inspection Checklist

Housing Choice Voucher Program

**U.S. Department of Housing
and Urban Development**
Office of Public and Indian Housing

OMB Approval No. 2577-0169
(Exp. 9/30/2012)

Public reporting burden for this collection of information is estimated to average 0.50 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless that collection displays a valid OMB control number. Assurances of confidentiality are not provided under this collection.

This collection of information is authorized under Section 8 of the U.S. Housing Act of 1937 (42 U.S.C. 1437f). The information is used to determine if a unit meets the housing quality standards of the section 8 rental assistance program.

Name of Family Unit 2		Tenant ID Number		Date of Request (mm/dd/yyyy) 08/16/2016	
Inspector Stephanie Crider		Neighborhood/Census Tract		Date of Inspection (mm/dd/yyyy) 08/23/2016	
Type of Inspection <input type="checkbox"/> Initial <input type="checkbox"/> Special <input checked="" type="checkbox"/> Reinspection			Date of Last Inspection (mm/dd/yyyy) 02/10/2016		PHA Billings PHA
A. General Information					
Inspected Unit Unit 2		Year Constructed (yyyy) 1996			
Full Address (including Street, City, County, State, Zip) 3222 Henesta Drive Billings, MT 59101					
Number of Children in Family Under 6					
Owner Name of Owner or Agent Authorized to Lease Unit Inspected Housing Authority of Billings Phone Number 406-245-6391					
Address of Owner or Agent Housing Authority of Billings, 2415 1st Avenue North, Billings, MT 59101					
Housing Type (check as appropriate) <input type="checkbox"/> Single Family Detached <input type="checkbox"/> Duplex or Two Family <input type="checkbox"/> Row House or Town House <input checked="" type="checkbox"/> Low Rise: 3, 4 Stories, Including Garden Apartment <input type="checkbox"/> High Rise: 5 or More Stories <input type="checkbox"/> Manufactured Home <input type="checkbox"/> Congregate <input type="checkbox"/> Cooperative <input type="checkbox"/> Independent Group Residence <input type="checkbox"/> Single Room Occupancy <input type="checkbox"/> Shared Housing <input type="checkbox"/> Other					
B. Summary Decision On Unit (To be completed after form has been filled out)					
<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> Inconclusive		Number of Bedrooms for Purposes of the FMR or Payment Standard 2		Number of Sleeping Rooms 2	

Item No.	1. Living Room	Yes Pass	No Fail	In-Conc.	Comment	Final Approval Date (mm/dd/yyyy)
1.1	Living Room Present	✓				
1.2	Electricity	✓				
1.3	Electrical Hazards	✓				
1.4	Security	✓				
1.5	Window Condition	✓				
1.6	Ceiling Condition	✓				
1.7	Wall Condition	✓				
1.8	Floor Condition	✓				

* Room Codes: 1 = Bedroom or Any Other Room Used for Sleeping (regardless of type of room); 2 = Dining Room or Dining Area; 3 = Second Living Room, Family Room, Den, Playroom, TV Room; 4 = Entrance Halls, Corridors, Halls, Staircases; 5 = Additional Bathroom; 6 = Other

EXHIBIT 10-C

Item No.		Yes Pass	No Fail	In-Conc.	Comment	Final Approval Date (mm/dd/yyyy)
1.9	1. Living Room (Continued) Lead-Based Paint Are all painted surfaces free of deteriorated paint? If not, do deteriorated surfaces exceed two square feet per room and/or is more than 10% of a component?				<input checked="" type="checkbox"/> Not Applicable Constructed after 1979	
2. Kitchen						
2.1	Kitchen Area Present	✓				
2.2	Electricity	✓				
2.3	Electrical Hazards	✓				
2.4	Security	✓				
2.5	Window Condition	✓				
2.6	Ceiling Condition	✓				
2.7	Wall Condition	✓				
2.8	Floor Condition	✓				
2.9	Lead-Based Paint Are all painted surfaces free of deteriorated paint? If not, do deteriorated surfaces exceed two square feet per room and/or is more than 10% of a component?				<input checked="" type="checkbox"/> Not Applicable	
2.10	Stove or Range with Oven	✓				
2.11	Refrigerator	✓				
2.12	Sink	✓				
2.13	Space for Storage, Preparation, and Serving of Food	✓				
3. Bathroom						
3.1	Bathroom Present	✓				
3.2	Electricity	✓				
3.3	Electrical Hazards	✓				
3.4	Security	✓				
3.5	Window Condition	✓				
3.6	Ceiling Condition	✓				
3.7	Wall Condition	✓				
3.8	Floor Condition	✓				
3.9	Lead-Based Paint Are all painted surfaces free of deteriorated paint? If not, do deteriorated surfaces exceed two square feet per room and/or is more than 10% of a component?				<input checked="" type="checkbox"/> Not Applicable	
3.10	Flush Toilet in Enclosed Room in Unit	✓				
3.11	Fixed Wash Basin or Lavatory in Unit	✓				
3.12	Tub or Shower in Unit	✓				
3.13	Ventilation	✓				

EXHIBIT 10-C

Item No.	4. Other Rooms Used For Living and Halls		Yes Pass	No Fail	In-Conc.	Comment		Final Approval Date (mm/dd/yyyy)
4.1	Room Code* and Room Location	<div>1</div> Left	(Circle One) Right/Center/Left			Center	(Circle One) Front/Center/Rear	____Floor Level
4.2	Electricity/Illumination		<input checked="" type="checkbox"/>					
4.3	Electrical Hazards		<input checked="" type="checkbox"/>					
4.4	Security		<input checked="" type="checkbox"/>					
4.5	Window Condition		<input checked="" type="checkbox"/>					
4.6	Ceiling Condition		<input checked="" type="checkbox"/>					
4.7	Wall Condition		<input checked="" type="checkbox"/>					
4.8	Floor Condition		<input checked="" type="checkbox"/>					
4.9	Lead-Based Paint					<input checked="" type="checkbox"/> Not Applicable		
	Are all painted surfaces free of deteriorated paint?							
	If not, do deteriorated surfaces exceed two square feet per room and/or is more than 10% of a component?							
4.10	Smoke Detectors		<input checked="" type="checkbox"/>					
4.1	Room Code* and Room Location	<div>1</div> Left	(Circle One) Right/Center/Left			Rear	(Circle One) Front/Center/Rear	____Floor Level
4.2	Electricity/Illumination		<input checked="" type="checkbox"/>					
4.3	Electrical Hazards		<input checked="" type="checkbox"/>					
4.4	Security		<input checked="" type="checkbox"/>					
4.5	Window Condition		<input checked="" type="checkbox"/>					
4.6	Ceiling Condition		<input checked="" type="checkbox"/>					
4.7	Wall Condition		<input checked="" type="checkbox"/>					
4.8	Floor Condition		<input checked="" type="checkbox"/>					
4.9	Lead-Based Paint					<input checked="" type="checkbox"/> Not Applicable		
	Are all painted surfaces free of deteriorated paint?							
	If not, do deteriorated surfaces exceed two square feet per room and/or is more than 10% of a component?							
4.10	Smoke Detectors		<input checked="" type="checkbox"/>					
4.1	Room Code* and Room Location	<div></div>	(Circle One) Right/Center/Left				(Circle One) Front/Center/Rear	____Floor Level
4.2	Electricity/Illumination							
4.3	Electrical Hazards							
4.4	Security							
4.5	Window Condition							
4.6	Ceiling Condition							
4.7	Wall Condition							
4.8	Floor Condition							
4.9	Lead-Based Paint					<input type="checkbox"/> Not Applicable		
	Are all painted surfaces free of deteriorated paint?							
	If not, do deteriorated surfaces exceed two square feet per room and/or is more than 10% of a component?							
4.10	Smoke Detectors							

EXHIBIT 10-C

Item No.	4. Other Rooms Used For Living and Halls	Yes Pass	No Fail	In-Conc.	Comment	Final Approval Date (mm/dd/yyyy)
4.1	Room Code* and Room Location <input type="checkbox"/>	(Circle One) Right/Center/Left			(Circle One) Front/Center/Rear _____ Floor Level	
4.2	Electricity/Illumination					
4.3	Electrical Hazards					
4.4	Security					
4.5	Window Condition					
4.6	Ceiling Condition					
4.7	Wall Condition					
4.8	Floor Condition					
4.9	Lead-Based Paint				<input type="checkbox"/> Not Applicable	
	Are all painted surfaces free of deteriorated paint?					
	If not, do deteriorated surfaces exceed two square feet per room and/or is more than 10% of a component?					
4.10	Smoke Detectors					
4.1	Room Code* and Room Location <input type="checkbox"/>	(Circle One) Right/Center/Left			(Circle One) Front/Center/Rear _____ Floor Level	
4.2	Electricity/Illumination					
4.3	Electrical Hazards					
4.4	Security					
4.5	Window Condition					
4.6	Ceiling Condition					
4.7	Wall Condition					
4.8	Floor Condition					
4.9	Lead-Based Paint				<input type="checkbox"/> Not Applicable	
	Are all painted surfaces free of deteriorated paint?					
	If not, do deteriorated surfaces exceed two square feet per room and/or is more than 10% of a component?					
4.10	Smoke Detectors					
5. All Secondary Rooms (Rooms not used for living)						
5.1	None Go to Part 6					
5.2	Security					
5.3	Electrical Hazards					
5.4	Other Potentially Hazardous Features in these Rooms					

Item No.	6. Building Exterior	Yes Pass	No Fail	In-Conc.	Comment	Final Approval Date (mm/dd/yyyy)
6.1	Condition of Foundation					
6.2	Condition of Stairs, Rails, and Porches					
6.3	Condition of Roof/Gutters					
6.4	Condition of Exterior Surfaces					
6.5	Condition of Chimney					
6.6	Lead Paint: Exterior Surfaces Are all painted surfaces free of deteriorated paint? If not, do deteriorated surfaces exceed 20 square feet of total exterior surface area?				<input type="checkbox"/> Not Applicable	
6.7	Manufactured Home: Tie Downs					
7. Heating and Plumbing						
7.1	Adequacy of Heating Equipment					
7.2	Safety of Heating Equipment					
7.3	Ventilation/Cooling					
7.4	Water Heater					
7.5	Approvable Water Supply					
7.6	Plumbing					
7.7	Sewer Connection					
8. General Health and Safety						
8.1	Access to Unit					
8.2	Fire Exits					
8.3	Evidence of Infestation					
8.4	Garbage and Debris					
8.5	Refuse Disposal					
8.6	Interior Stairs and Common Halls					
8.7	Other Interior Hazards					
8.8	Elevators					
8.9	Interior Air Quality					
8.10	Site and Neighborhood Conditions					
8.11	Lead-Based Paint: Owner's Certification				<input type="checkbox"/> Not Applicable	

If the owner is required to correct any lead-based paint hazards at the property including deteriorated paint or other hazards identified by a visual assessor, a certified lead-based paint risk assessor, or certified lead-based paint inspector, the PHA must obtain certification that the work has been done in accordance with all applicable requirements of 24 CFR Part 35. The Lead-Based Paint Owner Certification must be received by the PHA before the execution of the HAP contract or within the time period stated by the PHA in the owner HQS violation notice. Receipt of the completed and signed Lead-Based Paint Owner Certification signifies that all HQS lead-based paint requirements have been met and no re-inspection by the HQS inspector is required.

C. Special Amenities (Optional)

This Section is for optional use of the HA. It is designed to collect additional information about other positive features of the unit that may be present. Although the features listed below are not included in the Housing Quality Standards, the tenant and HA may wish to take them into consideration in decisions about renting the unit and the reasonableness of the rent. Check/list any positive features found in relation to the unit.

1. Living Room

- ☐ High quality floors or wall coverings
- ☐ Working fireplace or stove
- ☐ Balcony, patio, deck, porch
- ☐ Special windows or doors
- ☐ Exceptional size relative to needs of family
- ☐ Other: (Specify)

2. Kitchen

- ☐ Dishwasher
- ☐ Separate freezer
- ☐ Garbage disposal
- ☐ Eating counter/breakfast nook
- ☐ Pantry or abundant shelving or cabinets
- ☐ Double oven/self cleaning oven, microwave
- ☐ Double sink
- ☐ High quality cabinets
- ☐ Abundant counter-top space
- ☐ Modern appliance(s)
- ☐ Exceptional size relative to needs of family
- ☐ Other: (Specify)

3. Other Rooms Used for Living

- ☐ High quality floors or wall coverings
- ☐ Working fireplace or stove
- ☐ Balcony, patio, deck, porch
- ☐ Special windows or doors
- ☐ Exceptional size relative to needs of family
- ☐ Other: (Specify)

4. Bath

- ☐ Special feature shower head
- ☐ Built-in heat lamp
- ☐ Large mirrors
- ☐ Glass door on shower/tub
- ☐ Separate dressing room
- ☐ Double sink or special lavatory
- ☐ Exceptional size relative to needs of family
- ☐ Other: (Specify)

5. Overall Characteristics

- ☐ Storm windows and doors
- ☐ Other forms of weatherization (e.g., insulation, weather stripping)
- ☐ Screen doors or windows
- ☐ Good upkeep of grounds (i.e., site cleanliness, landscaping, condition of lawn)
- ☐ Garage or parking facilities
- ☐ Driveway
- ☐ Large yard
- ☐ Good maintenance of building exterior
- ☐ Other: (Specify)

6. Disabled Accessibility

Unit is accessible to a particular disability. ☐ Yes ☐ No
Disability _____

D. Questions to ask the Tenant (Optional)

- 1. Does the owner make repairs when asked? Yes ☐ No ☐
- 2. How many people live there? _____
- 3. How much money do you pay to the owner/agent for rent? \$ _____
- 4. Do you pay for anything else? (specify) _____
- 5. Who owns the range and refrigerator? (insert O = Owner or T = Tenant) Range _____ Refrigerator _____ Microwave _____
- 6. Is there anything else you want to tell us? (specify) Yes ☐ No ☐

EXHIBIT 10-C

E. Inspection Summary/Comments (Optional)

Provide a summary description of each item which resulted in a rating of "Fail" or "Pass with Comments."

Tenant ID Number	Inspector	Date of Inspection (mm/dd/yyyy)	Address of Inspected Unit
Unit 2	Stephanie Crider	08/23/2016	3222 Henesta Drive Billings, MT 59101
Type of Inspection	Initial <input type="checkbox"/>	Special <input type="checkbox"/>	Reinspection <input checked="" type="checkbox"/>
Item Number	Reason for "Fail" or "Pass with Comments" Rating		

Continued on additional page ☒ Yes ☐ No

Previous editions are obsolete

Inspection Checklist
Housing Choice Voucher Program

U.S. Department of Housing
and Urban Development
Office of Public and Indian Housing

OMB Approval No. 2577-0169
(Exp. 9/30/2012)

Public reporting burden for this collection of information is estimated to average 0.50 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless that collection displays a valid OMB control number. Assurances of confidentiality are not provided under this collection.

This collection of information is authorized under Section 8 of the U.S. Housing Act of 1937 (42 U.S.C. 1437f). The information is used to determine if a unit meets the housing quality standards of the section 8 rental assistance program.

Name of Family Unit 7		Tenant ID Number	Date of Request (mm/dd/yyyy) 08/16/2016
Inspector Stephanie Crider		Neighborhood/Census Tract	Date of Inspection (mm/dd/yyyy) 08/23/2016
Type of Inspection <input type="checkbox"/> Initial <input type="checkbox"/> Special <input checked="" type="checkbox"/> Reinspection		Date of Last Inspection (mm/dd/yyyy) 02/10/2016	PHA Billings PHA
A. General Information			
Inspected Unit Unit 7		Year Constructed (yyyy) 1996	
Full Address (including Street, City, County, State, Zip) 3222 Henesta Drive Billings, MT 59101		Housing Type (check as appropriate) <input type="checkbox"/> Single Family Detached <input type="checkbox"/> Duplex or Two Family <input type="checkbox"/> Row House or Town House <input checked="" type="checkbox"/> Low Rise: 3, 4 Stories, Including Garden Apartment <input type="checkbox"/> High Rise: 5 or More Stories <input type="checkbox"/> Manufactured Home <input type="checkbox"/> Congregate <input type="checkbox"/> Cooperative <input type="checkbox"/> Independent Group Residence <input type="checkbox"/> Single Room Occupancy <input type="checkbox"/> Shared Housing <input type="checkbox"/> Other	
Number of Children in Family Under 6			
Owner			
Name of Owner or Agent Authorized to Lease Unit Inspected Housing Authority of Billings		Phone Number 406-245-6391	
Address of Owner or Agent Housing Authority of Billings, 2415 1st Avenue North, Billings, MT 59101			

B. Summary Decision On Unit (To be completed after form has been filled out)			
<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> Inconclusive	Number of Bedrooms for Purposes of the FMR or Payment Standard 2	Number of Sleeping Rooms 2	

Inspection Checklist					
Item No.	1. Living Room	Yes Pass	No Fail	In-Conc.	Final Approval Date (mm/dd/yyyy)
1.1	Living Room Present	✓			
1.2	Electricity	✓			
1.3	Electrical Hazards	✓			
1.4	Security	✓			
1.5	Window Condition	✓			
1.6	Ceiling Condition	✓			
1.7	Wall Condition	✓			
1.8	Floor Condition	✓			

EXHIBIT 10-C

Item No.		Yes Pass	No Fail	In-Conc.	Comment	Final Approval Date (mm/dd/yyyy)
1. Living Room (Continued)						
1.9	Lead-Based Paint Are all painted surfaces free of deteriorated paint? If not, do deteriorated surfaces exceed two square feet per room and/or is more than 10% of a component?				<input checked="" type="checkbox"/> Not Applicable Constructed after 1979	
2. Kitchen						
2.1	Kitchen Area Present	✓				
2.2	Electricity	✓				
2.3	Electrical Hazards	✓				
2.4	Security	✓				
2.5	Window Condition	✓				
2.6	Ceiling Condition	✓				
2.7	Wall Condition	✓				
2.8	Floor Condition	✓				
2.9	Lead-Based Paint Are all painted surfaces free of deteriorated paint? If not, do deteriorated surfaces exceed two square feet per room and/or is more than 10% of a component?				<input checked="" type="checkbox"/> Not Applicable	
2.10	Stove or Range with Oven	✓				
2.11	Refrigerator	✓				
2.12	Sink	✓				
2.13	Space for Storage, Preparation, and Serving of Food	✓				
3. Bathroom						
3.1	Bathroom Present	✓				
3.2	Electricity	✓				
3.3	Electrical Hazards	✓				
3.4	Security	✓				
3.5	Window Condition	✓				
3.6	Ceiling Condition	✓				
3.7	Wall Condition	✓				
3.8	Floor Condition	✓				
3.9	Lead-Based Paint Are all painted surfaces free of deteriorated paint? If not, do deteriorated surfaces exceed two square feet per room and/or is more than 10% of a component?				<input checked="" type="checkbox"/> Not Applicable	
3.10	Flush Toilet in Enclosed Room in Unit	✓				
3.11	Fixed Wash Basin or Lavatory in Unit	✓				
3.12	Tub or Shower in Unit	✓				
3.13	Ventilation	✓				

EXHIBIT 10-C

Item No.	4. Other Rooms Used For Living and Halls			Yes Pass	No Fail	In-Conc.	Comment			Final Approval Date (mm/dd/yyyy)
4.1	Room Code* and Room Location	<div>1</div>	Left	(Circle One) Right/Center/Left			Center	(Circle One) Front/Center/Rear		____ Floor Level
4.2	Electricity/Illumination			<input checked="" type="checkbox"/>						
4.3	Electrical Hazards			<input checked="" type="checkbox"/>						
4.4	Security			<input checked="" type="checkbox"/>						
4.5	Window Condition			<input checked="" type="checkbox"/>						
4.6	Ceiling Condition			<input checked="" type="checkbox"/>						
4.7	Wall Condition			<input checked="" type="checkbox"/>						
4.8	Floor Condition			<input checked="" type="checkbox"/>						
4.9	Lead-Based Paint						<input checked="" type="checkbox"/> Not Applicable			
	Are all painted surfaces free of deteriorated paint?									
	If not, do deteriorated surfaces exceed two square feet per room and/or is more than 10% of a component?									
4.10	Smoke Detectors			<input checked="" type="checkbox"/>						
4.1	Room Code* and Room Location	<div>1</div>	Left	(Circle One) Right/Center/Left			Rear	(Circle One) Front/Center/Rear		____ Floor Level
4.2	Electricity/Illumination			<input checked="" type="checkbox"/>						
4.3	Electrical Hazards			<input checked="" type="checkbox"/>						
4.4	Security			<input checked="" type="checkbox"/>						
4.5	Window Condition			<input checked="" type="checkbox"/>						
4.6	Ceiling Condition			<input checked="" type="checkbox"/>						
4.7	Wall Condition			<input checked="" type="checkbox"/>						
4.8	Floor Condition			<input checked="" type="checkbox"/>						
4.9	Lead-Based Paint						<input checked="" type="checkbox"/> Not Applicable			
	Are all painted surfaces free of deteriorated paint?									
	If not, do deteriorated surfaces exceed two square feet per room and/or is more than 10% of a component?									
4.10	Smoke Detectors			<input checked="" type="checkbox"/>						
4.1	Room Code* and Room Location	<div></div>		(Circle One) Right/Center/Left				(Circle One) Front/Center/Rear		____ Floor Level
4.2	Electricity/Illumination									
4.3	Electrical Hazards									
4.4	Security									
4.5	Window Condition									
4.6	Ceiling Condition									
4.7	Wall Condition									
4.8	Floor Condition									
4.9	Lead-Based Paint						<input type="checkbox"/> Not Applicable			
	Are all painted surfaces free of deteriorated paint?									
	If not, do deteriorated surfaces exceed two square feet per room and/or is more than 10% of a component?									
4.10	Smoke Detectors									

EXHIBIT 10-C

Item No.	4. Other Rooms Used For Living and Halls	Yes Pass	No Fail	In-Conc.	Comment	Final Approval Date (mm/dd/yyyy)
4.1	Room Code* and Room Location <input type="checkbox"/>	(Circle One) Right/Center/Left			(Circle One) Front/Center/Rear ____ Floor Level	
4.2	Electricity/Illumination					
4.3	Electrical Hazards					
4.4	Security					
4.5	Window Condition					
4.6	Ceiling Condition					
4.7	Wall Condition					
4.8	Floor Condition					
4.9	Lead-Based Paint Are all painted surfaces free of deteriorated paint? If not, do deteriorated surfaces exceed two square feet per room and/or is more than 10% of a component?				<input type="checkbox"/> Not Applicable	
4.10	Smoke Detectors					
4.1	Room Code* and Room Location <input type="checkbox"/>	(Circle One) Right/Center/Left			(Circle One) Front/Center/Rear ____ Floor Level	
4.2	Electricity/Illumination					
4.3	Electrical Hazards					
4.4	Security					
4.5	Window Condition					
4.6	Ceiling Condition					
4.7	Wall Condition					
4.8	Floor Condition					
4.9	Lead-Based Paint Are all painted surfaces free of deteriorated paint? If not, do deteriorated surfaces exceed two square feet per room and/or is more than 10% of a component?				<input type="checkbox"/> Not Applicable	
4.10	Smoke Detectors					
5. All Secondary Rooms (Rooms not used for living)						
5.1	None Go to Part 6					
5.2	Security					
5.3	Electrical Hazards					
5.4	Other Potentially Hazardous Features in these Rooms					

EXHIBIT 10-C

Item No.	6. Building Exterior	Yes Pass	No Fail	In-Conc.	Comment	Final Approval Date (mm/dd/yyyy)
6.1	Condition of Foundation					
6.2	Condition of Stairs, Rails, and Porches					
6.3	Condition of Roof/Gutters					
6.4	Condition of Exterior Surfaces					
6.5	Condition of Chimney					
6.6	Lead Paint: Exterior Surfaces Are all painted surfaces free of deteriorated paint? If not, do deteriorated surfaces exceed 20 square feet of total exterior surface area?				<input type="checkbox"/> Not Applicable	
6.7	Manufactured Home: Tie Downs					
7. Heating and Plumbing						
7.1	Adequacy of Heating Equipment					
7.2	Safety of Heating Equipment					
7.3	Ventilation/Cooling					
7.4	Water Heater					
7.5	Approvable Water Supply					
7.6	Plumbing					
7.7	Sewer Connection					
8. General Health and Safety						
8.1	Access to Unit					
8.2	Fire Exits					
8.3	Evidence of Infestation					
8.4	Garbage and Debris					
8.5	Refuse Disposal					
8.6	Interior Stairs and Common Halls					
8.7	Other Interior Hazards					
8.8	Elevators					
8.9	Interior Air Quality					
8.10	Site and Neighborhood Conditions					
8.11	Lead-Based Paint: Owner's Certification				<input type="checkbox"/> Not Applicable	

If the owner is required to correct any lead-based paint hazards at the property including deteriorated paint or other hazards identified by a visual assessor, a certified lead-based paint risk assessor, or certified lead-based paint inspector, the PHA must obtain certification that the work has been done in accordance with all applicable requirements of 24 CFR Part 35. The Lead-Based Paint Owner Certification must be received by the PHA before the execution of the HAP contract or within the time period stated by the PHA in the owner HQS violation notice. Receipt of the completed and signed Lead-Based Paint Owner Certification signifies that all HQS lead-based paint requirements have been met and no re-inspection by the HQS inspector is required.

C. Special Amenities (Optional)

This Section is for optional use of the HA. It is designed to collect additional information about other positive features of the unit that may be present. Although the features listed below are not included in the Housing Quality Standards, the tenant and HA may wish to take them into consideration in decisions about renting the unit and the reasonableness of the rent. Check/list any positive features found in relation to the unit.

1. Living Room

- ☐ High quality floors or wall coverings
- ☐ Working fireplace or stove
- ☐ Balcony, patio, deck, porch
- ☐ Special windows or doors
- ☐ Exceptional size relative to needs of family
- ☐ Other: (Specify)

2. Kitchen

- ☐ Dishwasher
- ☐ Separate freezer
- ☐ Garbage disposal
- ☐ Eating counter/breakfast nook
- ☐ Pantry or abundant shelving or cabinets
- ☐ Double oven/self cleaning oven, microwave
- ☐ Double sink
- ☐ High quality cabinets
- ☐ Abundant counter-top space
- ☐ Modern appliance(s)
- ☐ Exceptional size relative to needs of family
- ☐ Other: (Specify)

3. Other Rooms Used for Living

- ☐ High quality floors or wall coverings
- ☐ Working fireplace or stove
- ☐ Balcony, patio, deck, porch
- ☐ Special windows or doors
- ☐ Exceptional size relative to needs of family
- ☐ Other: (Specify)

4. Bath

- ☐ Special feature shower head
- ☐ Built-in heat lamp
- ☐ Large mirrors
- ☐ Glass door on shower/tub
- ☐ Separate dressing room
- ☐ Double sink or special lavatory
- ☐ Exceptional size relative to needs of family
- ☐ Other: (Specify)

5. Overall Characteristics

- ☐ Storm windows and doors
- ☐ Other forms of weatherization (e.g., insulation, weather stripping)
- ☐ Screen doors or windows
- ☐ Good upkeep of grounds (i.e., site cleanliness, landscaping, condition of lawn)
- ☐ Garage or parking facilities
- ☐ Driveway
- ☐ Large yard
- ☐ Good maintenance of building exterior
- ☐ Other: (Specify)

6. Disabled Accessibility

Unit is accessible to a particular disability. ☐ Yes ☐ No
Disability _____

D. Questions to ask the Tenant (Optional)

- 1. Does the owner make repairs when asked? Yes ☐ No ☐
- 2. How many people live there? _____
- 3. How much money do you pay to the owner/agent for rent? \$ _____
- 4. Do you pay for anything else? (specify) _____
- 5. Who owns the range and refrigerator? (insert O = Owner or T = Tenant) Range _____ Refrigerator _____ Microwave _____
- 6. Is there anything else you want to tell us? (specify) Yes ☐ No ☐

EXHIBIT 10-C

E. Inspection Summary/Comments (Optional)

Provide a summary description of each item which resulted in a rating of "Fail" or "Pass with Comments."

Tenant ID Number	Inspector	Date of Inspection (mm/dd/yyyy)	Address of Inspected Unit
Unit 7	Stephanie Crider	08/23/2016	3222 Henesta Drive Billings, MT 59101
Type of Inspection	Initial <input type="checkbox"/> Special <input type="checkbox"/> Reinspection <input checked="" type="checkbox"/>		
Item Number	Reason for "Fail" or "Pass with Comments" Rating		

Continued on additional page ☒ Yes ☐ No

Previous editions are obsolete